



South Carolina Department of Health  
and Environmental Control

**HEALTH SERVICES**  
**Michelle Moody, BA, MPH, CHES**  
**Community Partnership Coordinator**  
**Diabetes Prevention and Control Program**  
**1800 St. Julian Place**  
**Columbia, SC 29204**  
**Office: 803-545-4473 Fax: 803-545-4503**

**MEMORANDUM**

**DATE:** March 31, 2011

**TO:** South Carolina Community Partners

**FROM:** Michelle Moody, BA, MPH, CHES<sup>MM</sup>  
Community Partnership Coordinator

**SUBJECT:** Funding Opportunity Announcement

We are writing to inform you of an opportunity to apply for funds to decrease diabetes health disparities in minority communities at risk for or with diabetes. The awards are limited to public and private non-profit organizations (including, but not limited to community-based, faith-based, public health and health care organizations/academic institutions) in South Carolina. Three (3) Mini-Grants may be funded for up to \$10,000.00 each and six (6) Mini-Grants may be funded for up to \$1,000.00 each OR three (3) Mini-Grants may be funded for up to \$2,000.00 each. The estimated numbers of awards are dependent upon the number of Mini-Grants received and the merit of the application's plan.

Since the funding for these mini-grants is through the Centers for Disease Control and Prevention (CDC), funding is contingent on budgetary constraints and when funded, all expenditures **must conform** to federal and state requirements. The SC DPCP reserves the right to increase or decrease (including to zero) the total number of grants awarded and the dollar amount awarded. Such changes may be necessary in response to the quality of applications received, the amount of funds awarded to selected applicants, or budget availability.

The emphasis is on policy and systems changes to improve diabetes-related health disparities. Applicants are strongly encouraged to participate in a pre-application teleconference that will be held on April 8, 2011 from 10:00 am to 1:00 pm (EST). Registration for the teleconference is required by April 6, 2011, as we will only have 30 ports available. Please share this information regarding the FOA and pre-application teleconference with your community partners and colleagues. Applications are due on April 29, 2011 by 5 pm (EST). Awards will begin on or around May 16, 2011 and will conclude February 28, 2012.

If you have any questions regarding the information contained in this letter, please contact Michelle Moody at [moodyrm@dhec.sc.gov](mailto:moodyrm@dhec.sc.gov) or by calling 803-545-4473.

Sincerely,

Michelle Moody, BA, MPH, CHES  
Community Partnership Coordinator



**2011-2012 Community Partnership Mini-grant  
Pre-Application Teleconference**

Please enter and email the following information by **April 6, 2011** for each person that will be on the teleconference to Michelle Moody at [moodvrm@dhec.sc.gov](mailto:moodvrm@dhec.sc.gov) or fax to 803-545-4503 or 803-545-4921.

<b>Name of person to be on the call:</b>	
<b>Email Address:</b>	
<b>Name of your organization:</b>	
<b>Address of your organization:</b>	<p><b>Street Address</b></p> <p><b>City, State Zip</b></p>
<b>Phone Number:</b>	
<b>List out any specific questions you may have related to submitting your proposal for a mini-grant</b>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>

### IMPORTANT APPLICATION TIMELINE/DATES

March 31, 2011	2011-2012 SC DPCP application launched. All are encouraged to review eligibility requirements before applying.
April 6, 2011	<b>Technical Assistance Teleconference pre-registration deadline.</b> To register, download the preregistration form from <a href="http://www.scdhec.gov/health/chcdp/diabetes/index.htm">http://www.scdhec.gov/health/chcdp/diabetes/index.htm</a> or contact Michelle Moody at <a href="mailto:moodyrm@dhec.sc.gov">moodyrm@dhec.sc.gov</a> .
April 8, 2011	<b>DPCP Pre-Application Teleconference</b> The DPCP application process will be discussed and a question and answer period will follow.
April 15, 2011	<b>Letter of Intent to apply</b> If you will be submitting an application by the deadline, please send a brief letter (preferably on letterhead) via e-mail to <a href="mailto:moodyrm@dhec.sc.gov">moodyrm@dhec.sc.gov</a> or fax 803-545-4503. The letters will help us determine how many reviewers will be needed to review applications.
April 22, 2011	<b>Last day for questions to be answered by SC Diabetes Division</b>
April 29, 2011	<b>Deadline for Receipt of Applications</b> Applications are to be submitted and received via e-mail or postal mail by <b>April 29, 2011 5:00 pm</b> (Eastern Standard Time) on the deadline date. No faxed applications will be accepted.
May 13,, 2011	<b>Anticipated Award Notification</b> DPCP will notify all recipients of funding via e-mail.
May 16, 2011	<b>Anticipated Project Start Date</b> Start up funds (an advance) for budgeted expenses may be requested. Otherwise, funds will be provided on a reimbursement basis (item must be previously purchased and receipt provided).
September 14, 2011	<b>Joint Partnership Meeting</b> A half day (2:00 pm ó 6:00 pm) partnership meeting held at Gullah Cuisine, Mt. Pleasant, SC.
September 15, 2011	<b>Implementation and Evaluation Workshop</b> A 1-day (8:00 am - 5:00 pm) technical assistance/orientation workshop will be held September 15, 2011 at the Embassy Suites Convention Center in Charleston, SC for grantees.
July 15, 2011	<b>Quarterly Progress Repot and Invoice Due</b>
October 15, 2011	<b>Quarterly Progress Repot and Invoice Due</b>
January 15, 2012	<b>Quarterly Progress Repot and Invoice Due</b>
February 28, 2012	<b>Project Completion Date</b>
February 29, 2012	Final Invoice Due
March 15, 2012	Final Progress/Evaluation Report



**BUREAU OF  
BUSINESS MANAGEMENT  
DIVISION OF PROCUREMENT SERVICES  
2600 Bull Street  
Columbia, SC 29201-1708**

Telephone (803) 898-3501 Fax (803) 898-3505  
<http://www.scdhec.GOV/procurement>

**DIABETES MINI-GRANT APPLICATION FY 2011 – 2012**

**REQUEST FOR APPLICATIONS**

CFDA Number: 93.283

Posting Date: March 31, 2011

Deadline/Closing Date for Applications: By 5:00 PM on April 29, 2011

Proposals may be either mailed/hand delivered/faxed/e-mailed to the following individual:

Ms. Michelle Robinson, CPPB, Procurement Manager  
SC DHEC ó Division of Procurement Services  
2600 Bull Street  
Columbia, S. C. 29201  
(803) 898-3469 ó Phone  
(803) 898-3501 ó Fax  
[robinsma@dhec.sc.gov](mailto:robinsma@dhec.sc.gov)

It is the intent of the South Carolina Department of Health and Environmental Control (DHEC) to accept mini-grant applications with emphasis on policy and systems changes to improve diabetes-related health disparities. This application gives organizations the opportunity to apply for funds to decrease diabetes health disparities in minority communities at risk for or with diabetes.

The awards are limited to public and private non-profit organizations (including, but not limited to community-based, faith-based, public health and health care organizations/academic institutions) in South Carolina. Additional eligibility criteria can be found in the full announcement on our website at: [www.scdhec.gov/health/chcdp/diabetes/index/htm](http://www.scdhec.gov/health/chcdp/diabetes/index/htm)

**\* A cover letter should be included and signed by an authorized agent or other designated individual who has the authority to commit the organization to enter into a contract with the State of South Carolina, South Carolina Department of Health and Environmental Control (DHEC). By submitting an application the organization acknowledges it understands the requirements of this mini-grant application.**

Name of Coalition /Community Group:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/State/Zip Code:

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_

Contact person for the project:

\_\_\_\_\_

Email address of contact person for the project: \_\_\_\_\_

\*Signature of contact person: \_\_\_\_\_

\*Signature of person submitting application (if different): \_\_\_\_\_

**Eligibility:** Non-profit organizations, existing coalitions, community-based organizations, faith-based organizations, and other organized entities that have an interest in developing activities in the community aimed:

- Preventing complications, disabilities, and burdens associated with diabetes.
- Eliminating diabetes-related health disparities.

**Grantee Requirements:**

- Internet communication capabilities
- Project completion date is **February 28, 2012**
- Post office box or **non**-residential mailing address for all correspondence
- Monthly or Quarterly meetings of the community group. Minutes and sign in sheets from these meetings are to be sent to the South Carolina Diabetes Prevention and Control Program (SC DPCP) along with the quarterly report. Quarterly reports on community group activities are due **July 15, 2011, October 15, 2011, and January 15, 2012**. The SC DPCP will provide the report format. **Any unpaid invoices should be submitted by February 29, 2012. A Final progress/evaluation report will be due on March 15, 2012.**

**PLEASE NOTE:** Failure to submit reports in the specified time frame will result in a hold on invoice payments until report is received.

- A minimum of one success story is to be submitted with the January report. SC DPCP will provide a template for these success stories. Success stories do not replace the quarterly reports submitted to the SC DPCP. Please note that these stories may be published or used in other required reporting efforts of SC DPCP.

All funded community partners must submit an **abstract and a poster** to the annual Diabetes Initiative of South Carolina Fall Symposium in **September 2011**. SC DPCP will provide additional information on this symposium. Additional submissions to other professional conferences/meetings are encouraged and can be supported through awarded grant funds. Technical assistance will be available to assist you in developing and submitting your abstract(s). An **abstract** is a brief summary of a research article, thesis, review, conference proceeding or any in-depth analysis of a particular subject or discipline, and is often used to help the reader quickly ascertain a paper's purpose.

**How to Apply?** Eligible applicants must submit the required documents to:

Ms. Michelle Robinson, CPPB, Procurement Manager  
SC DHEC ó Division of Procurement Services  
2600 Bull Street  
Columbia, S. C. 29201  
(803) 898-3469 ó Phone  
(803) 898-3501 ó Fax  
[robinsma@dhec.sc.gov](mailto:robinsma@dhec.sc.gov)

**Please see Section II Information for Applicants to Submit** for additional details regarding information to be included with your submission.

**Deadline:** The deadline for all applications is April 29, 2011 at 5:00 PM.

**Questions and Answers:** Questions will be accepted until 5:00 PM on **April 22<sup>nd</sup>**. All questions must be submitted in writing to Ms. Michelle Robinson at [ROBINSMA@dhec.sc.gov](mailto:ROBINSMA@dhec.sc.gov) and include in the email subject line "Diabetes Mini-Grant Question." All questions will be answered and posted on DHEC's website at: [www.scdhec.gov/procurement](http://www.scdhec.gov/procurement). **Ms. Robinson can also be contacted by calling 803-898-3469.**

**NOTE: SC DPCP staff will not be able to meet with individual applicants to review/discuss draft proposals, provide informal comments on draft proposals, or provide advice to applicants on how to respond to criteria. Applicants are responsible for the contents of their application.**

**Available Funding:** The estimated amount of total funding available under this solicitation from SC DPCP for FY 2010-2011 is approximately **\$36,000**. **Three** (3) Mini-Grants may be funded for up to \$10,000.00 each and **six** (6) Mini-Grants may be funded for up to \$1,000.00 each OR **three** (3) Mini-Grants may be funded for up to \$2,000.00 each. The estimated numbers of awards are dependent upon the number of Mini-Grants received and the merit of the application's plan.

The SC DPCP reserves the right to increase or decrease (including to zero) the total number of grants awarded and the dollar amount awarded. Such changes may be necessary in response to the quality of applications received, the amount of funds awarded to selected applicants, or budget availability.

Since the funding for these mini-grants is through the Centers for Disease Control and Prevention (CDC), funding is contingent on budgetary constraints and when funded, all expenditures **must conform** to federal and state requirements.

**Source of Funds:** The funding source is federal and the determination has been made that the contractor is a sub-recipient of those funds.

- a. CFDA Number 93.283
- b. CFDA Name: Centers for Disease Control and Prevention Investigations and Technical Assistance
- c. Award/Fund Name: Diabetes Control
- d. Federal Agency Name: Department of Health and Human Services
- e. DHEC's Point of Contact for financial information regarding payments made under this contract: Ronnie Belleggia, Assistant Director, Bureau of Financial Management, 2600 Bull Street, Columbia, SC 29201-1708.

## **I. SCOPE OF WORK/SPECIFICATIONS**

### **A. PURPOSE**

The purpose of the South Carolina Diabetes Prevention and Control small mini-grants is to support and empower communities that are currently working on local solutions to eliminate diabetes health disparities specifically related to diabetes prevention and control and associated risk factors. The long-term goals for the mini-grants are to help build the capacity of the affected community and create self-sustaining, community-based partnerships that will continue to decrease health disparities and improve quality of life for those targeted at risk for or living with diabetes.

Mini-grant projects must address one of the following SC DPCP goal areas:

- Preventing complications, disabilities, and burden associated with diabetes.
- Eliminating diabetes-related health disparities.

The projects should support evidence-based activities and promote social, environmental, policy and systems approaches at the state and community levels. Evidence based activities are considered evidence-based if research reports show that the program produces the expected positive results or outcomes.

Community partners should identify and engage representation from populations most affected by health disparities/inequities in the planning, development, and implementation of program interventions. In addition, they should build partnerships with groups/organizations that can provide information and insight on the best methods for reaching disparate and high risk populations concerning health issues.

**B. Specific Tasks:**

**Mini-grant funds will support activities that may consist of, but are not limited to the following:**

- Conducting a community needs assessment with an emphasis on identifying needed policy and systems changes to improve diabetes-related disparities;
- Conducting community asset mapping with an emphasis on identifying assets to implement needed policy and systems changes to improve diabetes-related disparities;
- Training or skill enhancements to implement needed policy and systems changes to improve diabetes-related disparities and related social determinants of health;
- Initiation of relevant community-based or systems level activities for implementing policy and systems changes across multiple organizations;
- Production, reporting, and dissemination of evidence or practice-based approaches for implementing policy and systems changes across multiple organizations in specific area (e.g. ways to improve care for African Americans at risk or living with diabetes and can include physical activity and nutrition);
- Development or use of programs, tools, or educational activities to decrease disparities for African Americans at risk or living with diabetes with an emphasis on policy and systems changes across multiple organizations or sites.

**Examples of Evidence-Based level programs that can be implemented:**

Evidenced-based programs for implementation (See Community Group/Coalition Resources sheet, Appendix I for explanations), such as:

- Project Power
- Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention
- Road to Health Toolkit
- Diabetes 101 Train the Trainer
- Family Eat Smart Move More Options for Action Programs
- Search Your Heart training



## **Examples of Promoting Social, Environmental, Policy and Systems Approaches**

- Establishment of community-based Diabetes Self-Management Education Programs in partnership with a local healthcare provider such as a Federally Qualified Community Health Center;
- Establishment of community-based walking programs and walking trails;
- Promotion of tobacco cessation programs and treatment for tobacco use in partnership with a local healthcare provider such as a Federally Qualified Community Health Center;
- Establishment of patient-centered activities, such as long-term support groups;
- Other sources of community support for individuals with or at risk for diabetes;
- Empowering community members to be their own advocates for change in health care systems;
- Engaging media, local government, and community leaders

### **C. Use of Funds**

Funds may be used to reimburse local coalitions/community groups in planning and intervention efforts. Examples for such expenses could be:

Educational materials, printing and postage for local coalition/community meetings or events. The space for local meetings/events should be an in-kind expense. DPCP **CANNOT** pay for space.

Equipment for the community group (e.g. camera). **Prior approval will be required before any equipment can be purchased.**

Travel for **up to two representatives** to regional and statewide meetings.

Any budget or action plan changes **MUST** receive approval before the change can be made. Any equipment purchased with DHEC funds must be returned to DHEC if the community group is no longer active. **See Section III. Special Conditions F.** In the event that all services are not fully rendered as provided for in the Contract, any monies that have been paid by DHEC under the Contract must be refunded to DHEC. **See Special Conditions L.**

#### **Funds CANNOT be used for:**

- Software or equipment purchase that is intended for clinical services or direct patient-to-patient services such as (medications, screening, nutritional counseling or diabetes supplies - blood glucose meters, test strips, etc.).
- Food, scholarships, fellowships, incentives/give-aways such as tee-shirts, key chains, etc.
- Rental of meeting space.
- Computers, printers, projectors.

If applicable, contractor's travel expenses, including room and board, incurred in connection with the services described in the **Action Plan**, will be limited to reimbursement at the standard state and federal rate in effect during the period of this agreement and will be included within the maximum amount of the contract. **See Special Conditions Term E and ADDENDUM II.** Upon receipt of the DHEC issued Purchase Order, questions regarding DHEC Travel Guidelines may be addressed to Ms. Michelle Moody, Community Partnership Coordinator, (803) 545-4473, or Ms. Mary Long, DHEC Financial Management, (803) 898-3428.

**PLEASE NOTE: Any activities done in accordance with the coalition/community group should not be a conflict of interest with your primary job. (For example, if your primary job normally reimburses you for community activities/travel, then the community group should not be invoiced for those expenses). However, a letter from your supervisor can be provided to confirm the**

**activities/travels are not within your primary job duties.**

**D. Disbursement of Funds**

1. Funds to begin implementing activities (start up funds) can be requested by the community group for the first 30-day period.
2. Advance payments are paid in accordance with DHEC Administration Policy B.414, "Providing Advance Payments of Federal Funds to DHEC Subrecipient Contractors (the "Policy"). In short, the following procedures should be followed. If there's a conflict in the below procedures and the Policy, the Policy controls:
  - a. An initial advance payment invoice may be made for the expected amount needed for the first month of each grant award year, and subsequent invoices should reflect actual expenditures for eligible activities for the previous month.
  - b. By the end of each grant award year, and the grant agreement period, the total expenditures should offset the initial advance payments and this offset must be documented and submitted to DHEC with the final invoice within each grant award year.
  - c. Advanced payments must be based on estimated expenditures by the recipient for no more than the next 30-day period. The Grantee should make every attempt to utilize funds as expeditiously as possible within each grant award year.
3. The community group must have received a purchase order from SC DHEC prior to requesting start up funds.
4. The community group shall submit **at least** two invoices for actual expenses incurred during the defined time period.
5. All receipts from purchases against the start up funds are required before the second invoice can be approved.
6. Remaining invoices, if applicable, must be accompanied by receipts showing prior purchases before the invoice will be paid out.
7. Each grant recipient is responsible for maintaining financial documentation for **six years** after the end of the contract period for all expenses incurred and invoices submitted to DHEC as stated in **Special Conditions Term B**.
8. At the end of the project period, which is February 28, 2012, the total expenditures should offset any initial advance payments and this offset must be documented, reconciled and submitted to DHEC along with the final invoice for the budget year. **The Final invoice is required** even if no additional expenses were incurred. This is needed to document the use of advance payment funds issued to the contractor.

**The first invoice must include:**

- Coalition/community group letterhead
- Name and address of coalition/community group
- Submitters signature
- Invoice submission date
- Contract and invoice numbers
- Description of items requested for first 30 days (start up funds)
- Initial detailed budget projection (comes from the detailed budget page of the original grant)
- Start up funds requested (dollar amount)
- Year to date budget balance (how much money will be left over once invoice is paid)

**All other invoices must include:**

- Coalition/community group letterhead
- Name and address of coalition/community group
- Submitter's signature
- Invoice submission date
- Contract and invoice numbers
- Description of items submitted for reimbursement
- Initial detailed budget projection (comes from the detailed budget page of the grant)
- Balance brought forward (only invoices after start up funds)
- Amount of current reimbursement requested
- The second invoice must document by Budget item the use of the advance (if requested) and may only be for expenditures over the amount of the advance.
- Year to date budget balance (how much money will be left over once invoice is paid; last invoice should show \$0 left).

## II. INFORMATION FOR OFFERORS TO SUBMIT/SCORING CRITERIA

### **Statement of Need—Affected Community and Local Health Priority Issue (20 points)**

Provide a description of the health issue(s) that the project will address. Clearly state the need for this project and how the affected community is disproportionately impacted by diabetes and related risks compared to other communities. Be sure to include facts and evidence (e.g. population to be served, geographic location, community history and demographics), (e.g. number of African Americans, ages, average income, etc.) that support the need for the project.

**Project Description (25 points)** do not to exceed 2 pages. Please provide an overview of your proposed project to include:

Definition of the goals of your project.

- Definition of the problem(s) and the need to address the problem.
- Proposed activities/interventions.
- Intended results of these activities/interventions.
- A timeline related to methods, strategies, activities, and other priorities.

You will also be required to submit an **action plan** as part of the application to include: Resources, Activities, Short-term outcome, evaluation, and impact. **(Use template in the mini-grant application – Action Plan Worksheet (Form G))**

Partnering with others to implement the project is recommended. All applications Must be accompanied **with two (2) letters of support**. Each letter of support should indicate the partners roles and responsibilities in carrying out the proposed activities.

### **Capacity Building/Sustainability (25 points)**

Describe your coalition/community group's purpose, mission, and focus. Describe your organizations history, and strength of involvement in the community. Include past accomplishments in the form of a success story that demonstrates the group's ability to carry out proposed activities. Describe who in your organization is responsible for implementing the proposed activities for the project. Be sure to include how the group came to consensus on the proposed activities/interventions. Also include how you will continue this project after the funding period ends.

### **Budget (use the template provided in the Application Document – Form E (20 points))**

Provide a detailed, line-item budget with justification of the funding amount for each program's activities for the grant budget period. **(Note: For evaluation purposes, it is recommended that 10% of the awarded amount is used for evaluation.)** Evaluation resources may be used for consultants, survey design and implementation, data analysis or other expenses. **The 10% of awarded amount to fund evaluation efforts cannot be requested in the first invoice, since this process will not take place within the first 30 days of the advance payment request.**

**Appearance and Neatness (10 points):** Emphasis should be on conformance of the application, responsiveness to requirements, and completeness and clarity of content. If the organization's application is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process. Elaborate and lengthy applications are neither necessary nor desired. Completeness of the forms is required. All submitted applications should be typed with one-inch margins, double-spaced, in a 12-point type font. **ALL PAGES OF THE APPLICATION MUST BE TYPED.**

### **Scoring and Selection Criteria**

The maximum score for the grant is 100 points. Each applicant will be evaluated using the evaluation score sheet below. Failure to use all required formats may result in your application not being scored. Applicants who are not awarded will receive a letter discussing any weaknesses in the application as well as recommendations for improvement. SC DPCP and an internal/external mini-grant review panel will review, score and award the applications according to the criteria in this document. As a condition of funding, the review panel reserves the right to modify proposed activities and funding level to better align with the scope and purpose of the grant.

### **Completed proposals should include:**

- Cover Page (Form A)
- Membership Roster (Form B)
- Partnership List (Form C)
- Community Action Plan (CAP) Template (Form D)
- Detailed Budget (Form E)
- Budget Justification (Form F)
- Action Plan Description (Form G)
- Two (2) Letters of Support - (submit as attachments) (Form H)

### **Technical Assistance during the grant period**

The SC DPCP will provide technical assistance as needed via face-to-face meetings, trainings, and conference calls, etc during the grant period. Site visits will be conducted by the Community Partnership Coordinator throughout the grant period.

### **Submission and Scoring Criteria**

<b>Appearance and Neatness</b> ---Application must be typed with one-inch margins, double-spaced, and 12-point, Times New Roman font.	<b>10</b>
<b>Statement of Need – You need to completely and adequately address all three items below to receive maximum points.</b> (1) The local health issue (and documentation) that the project will address. (2) The affected community (geographic location, community history and demographics (e.g. number of minorities, ages, average income, etc.). (3) How the affected community is disproportionately impacted by diabetes.	<b>20</b>
<b>Project Description – You need to address all five items below to receive maximum points.</b> (1) Project Goal(s). These should be specific, measurable, achievable, relevant, and timely (SMART). A logic model is <b>REQUIRED</b>  <b>Examples of Objectives:</b> <ul style="list-style-type: none"> <li>• By 9/29/11, host two (2) sponsored educational activities to increase knowledge, skills, and confidence of at least 200 community participants to prevent and/or manage their diabetes.</li> <li>• Increase community collaborations with four (4) community organizations and churches by 1/31/12 to achieve increased access to education programs among minorities with diabetes.</li> </ul> (2) Describe activities using SMART statements. <b>Examples of activities:</b> <ul style="list-style-type: none"> <li>• Train five (5) community peer volunteers by 12/30/11, to provide educational programs according to the ðChose to Liveö curriculum and protocol.</li> <li>• Conduct monthly meetings with at least six (6) new organizations to collaboratively develop community activities to be implemented.</li> <li>• Develop a ðtoolsö committee to select and review culturally appropriate educational materials by 2/15/12.</li> <li>• Contact two (2) community newspapers by 2/25/12 to assist with publicity for community activities.</li> </ul> (3) Role of partner(s) in addressing the local issue(s) and plans for maintaining, further developing, and sustaining partnerships. (4) Resources the community group brings to the partnership, vested interest for working on this partnership issue, and commitments beyond the project. (5) Plan to effectively <b>evaluate, manage and complete</b> this proposed project. <i>(The evaluation plan should include some definable way of determining the impact of the proposal and changes in the target audience in terms of knowledge, behavior or attitude. The project should directly impact the need for the project that is described in the Project Description portion of the grant application. The evaluation plan should describe what data will be used to determine impact.)</i>	<b>25</b>
<b>Capacity Building/Sustainability – You need to address all six items below to receive maximum points.</b> (1) Provide description of purpose, mission, and focus of the community group. (2) Include your community group's duration, history, and strength of involvement in the community. (3) Provide description of your community groups past accomplishments. (4) Demonstrate involvement of the community in planning the project. (5) Document your community group's experience in working within the community. (6) Provide personnel description of person(s) responsible for carrying out each objective.	<b>25</b>
<b>Detailed Budget and Justification: reasonableness of cost and how line items relate to activities of project.</b> The application will be evaluated on the reasonableness of the costs and how the budget relates to the planned activities.	<b>20</b>
<b>TOTAL Maximum Points Available</b>	<b>100</b>

## MEMBERSHIP ROSTER

Please list out the members of your community group and their contact information.

NAME	ORGANIZATION REPRESENTED	ADDRESS	PHONE NUMBER	EMAIL

Please feel free to use an additional sheet if there are more members in your community group.

Please list the offices of your community group (examples might include president or chair, secretary, treasurer, meeting coordinator, health ministry chair).

Office	Person serving in this office	Term of office

How often does your community group currently meet? \_\_\_\_\_

If not already doing so, what is your plan to establish quarterly meetings of your community group?

\_\_\_\_\_

Does your community group currently have Internet access? ☐ Yes ☐ No

If no, when will you have Internet access (Required)? \_\_\_\_\_

Does your community group have a post office box or a **non-residential** mailing address?

☐ Yes ☐ No

If no, when will you obtain a post office box or **non-residential** mailing address (Required)?

\_\_\_\_\_.

## PARTNERSHIP LIST

## Partnerships:

The coalition/community groups are expected to identify, establish, and engage partners in planning, implementing, and evaluating activities. Forming partnerships with other organizations in the community may increase available resources and expertise for your organization's activities. Examples of potential partners may be community health centers, local health departments, community-based organizations, faith-based organizations, youth organizations, parks & recreation centers, senior citizen centers, local grocery stores, hospitals, libraries, schools, etc.

[illegible]

## **Community Action Plan (CAP) Template**

All applications must be typed with one-inch margins, double-spaced, and 12-point, Times New Roman font.

- A. Project Title and Project Purpose Statement (approximately 1/2 page)**
  
  
  
  
  
  
  
  
  
  
- B. Affected Community and Local Health Priority Issue (approximately 1.5 pages)**
  
  
  
  
  
  
  
  
  
  
- C. Organization's Historical Connection to Affected Community and Past Program Reporting and Dissemination (approximately 1.5 pages)**
  
  
  
  
  
  
  
  
  
  
- D. Project Description with goal(s) and SMART objectives, methods, strategies, activities, and expected outcomes AND Evaluation Plan related to (SMART) objectives, performance measures and milestones (approximately 5.5 pages)**
  
  
  
  
  
  
  
  
  
  
- E. Timeline related to methods, strategies, activities, and other priorities (approximately 1/2 page)**



## Example of a Detailed Budget

**\* TRY TO GET FOOD OR MEETING SPACE DONATED AS IN-KIND \***

<i><b>Budget Item</b></i>	<i><b>Description</b></i>	<i><b>Total</b></i>
<b>ADVANCE PAYMENT REQUESTED:</b> The amount of the advance payment should be calculated by determining the contractor's interim cash needs based on: <ol style="list-style-type: none"> <li>An analysis of the cash flow required for contract performance;</li> <li>Consideration of the reimbursement cycle from DHEC to the contractor; and</li> <li>The other funds or credit available to the contractor that they can use to the extent possible to minimize the amount of cash advance needed.</li> </ol> The advance must be limited to the estimated expenditures of the contractor for no more than a 30-day period at the beginning of the budget year of the contract period.		
<b>Personnel</b>	Administrative Coordinator @ \$12,000 annual salary x 20% of time on project = \$2,400	\$ 2,400.00
<b>Supplies</b>	<ul style="list-style-type: none"> <li>Healthy Eating Videos 10 @ \$40 = \$400</li> <li>Curriculum and supplemental materials \$145.50</li> <li>Diabetes educational items 20 @ \$10 each = \$200</li> <li>50 water bottles @ \$1 each = \$50</li> <li>40 reams of copy paper \$4.00 for outreach material = \$160</li> <li>Ink cartridges, printing, copying, and other office supplies \$60 x 10 month = \$600</li> <li>Miscellaneous supplies of pads, markers, pencils at \$50 x 10 month = \$500</li> <li>Postage for meeting notices = \$300.00</li> <li>Poster development for Fall Symposium abstract submission = \$200</li> </ul>	\$ 2,555.50
<b>Contractual</b>	Evaluator (up to 10% of award)	\$ 500.00
<b>Travel</b> A maximum of 15% of total grant award can be used for ALL travel. Trainings/workshops conducted outside SC DPCP will require prior approval before submitting registration.	<ul style="list-style-type: none"> <li>Annual Statewide Community Partners Meeting (2 people) = 150 miles x .50 = \$75; overnight hotel stay \$100; meals @ \$26/day x 2 people = \$52 <b>(\$227.00)</b></li> <li>South Carolina Conference on Diabetes (20 people) @ \$10/per person = \$200; 150 miles x .50 = \$75; <b>(\$275.00)</b></li> <li>Obesity Summit (2 people) @ \$25/per person = \$50; <b>(\$50.00)</b></li> <li>Tobacco Summit (2 people) @ 30/per person = \$60; 150 miles x .50 = \$75 <b>(\$135.00)</b></li> </ul> Local mileage for Administrative Coordinator for community outreach efforts: 10 miles @ \$0.50/mile x 30 times x 10 months = <b>\$1,500</b>  Local mileage for Evaluator for community outreach efforts: 10 miles @ \$0.50/mile x 5 times x 10 months = <b>\$250.00</b>	\$ 937.00
<b>TOTAL (paid from grant award)</b>		\$8,192.50
<b>*In-Kind donation(s)</b> In-Kind is not included in the total amount requested from the grant award, but what is freely given from partners, etc.	Refreshments for meetings, meeting space, services such as printing, consulting, etc not provided by the grant.	\$5,000.00
<b>Overall budget total for the Year</b>		\$13,192.50

**Detailed Budget**

<b><i>Budget Item</i></b>	<b><i>Description</i></b>	<b><i>Total</i></b>
<b>ADVANCE PAYMENT REQUESTED:</b> The amount of the advance payment should be calculated by determining the contractor's interim cash needs based on: <ul style="list-style-type: none"> <li>d. An analysis of the cash flow required for contract performance;</li> <li>e. Consideration of the reimbursement cycle from DHEC to the contractor; and</li> <li>f. The other funds or credit available to the contractor that they can use to the extent possible to minimize the amount of cash advance needed.</li> </ul> <p><i>The advance must be limited to the estimated expenditures of the contractor for no more than a 30-day period at the beginning of the budget year of the contract period.</i></p>		
<b>Personnel</b>	Administrative Coordinator	
<b>Supplies</b>		
<b>Contractual</b>	<ul style="list-style-type: none"> <li>• Evaluator (up to 10% of award)</li> </ul>	
<b>Travel</b> A maximum of 15% of total grant award can be used for ALL travel. Trainings/workshops conducted outside SC DPCP will require prior approval before submitting registration.		
<b>TOTAL (paid from grant award)</b>		
<b>*In-Kind donation(s)</b> In-Kind should not be included in the total amount requested from the grant award, but is freely given from partners, etc.	Refreshments for meetings, meeting space, services such as printing, consulting, etc not provided by the grant.	
<b>Overall budget total for the Year</b>		15

## Budget Justification Information

**A narrative should be provided for each item requested in the budget.**

**1. Supplies** ó List all project specific supplies, printing cost related to the project, educational supplies with itemized list and how each expenditure relates to accomplishment of grant objectives.

**2. Contractual Costs** ó Explain the need for each contractual arrangement and how these components relate to the overall object and accomplishment of the grant objectives.

**3. Training Costs** ó Identify the expected costs for planned trainings and how these trainings will benefit the community group/coalition. In planning the budget, these costs may vary with experience, type of training, skill level, etc. After implementing a few training programs, you should adjust these estimates by taking into account your actual training costs.

**4. Travel** ó Explain need for all travel and itemize expenditures including miles traveled at the state travel rate as well as the reason for travel. Allowable per diem (food) should be included. A maximum of 15% of total grant award can be used for ALL travel.

**5. ADVANCE PAYMENT REQUESTED:** The amount of the advance payment should be calculated by determining the contractor's interim cash needs based on:

- g. An analysis of the cash flow required for contract performance;
- h. Consideration of the reimbursement cycle from DHEC to the contractor; and
- i. The other funds or credit available to the contractor that they can use to the extent possible to minimize the amount of cash advance needed.

The advance must be limited to the estimated expenditures of the contractor for no more than a 30-day period at the beginning of the budget year of the contract period.

**6. Other Training (s) of interest** – Identify the expected costs for other trainings and how these trainings will benefit the community group/coalition. A maximum of 15% of total grant award can be used for other trainings. Other trainings require prior approval before submitting registration.

**NOTE: Please use additional paper if necessary**

**ACTION PLAN WORKSHEET 2011 – 2012 EXAMPLE**

**GOAL:**

**OBJECTIVE:**

<b>RESOURCES</b>  \$\$, people, space, partners	<b>Activities</b>	<b>Short Term Outcome</b>  <b>The SO WHAT</b>  WHAT will be the result of this activity?  HOW MUCH: number or percentage of people this outcome is targeted to impact.	<b>Evaluation</b>  Knowledge and skill/behavior change measured by testing or observation	<b>IMPACT OPTIONS</b>  Increase awareness of diabetes prevention/management  Increased opportunities for healthy living in your community
Anywhere AME Church	Establish a partnership with a local community food co- op (Clemson Extension)	Conduct a neighborhood food environment assessment.  Establish community gardens	Data collected & Analysis completedô Report on conclusion will be made available to stakeholders  Choose a site Conduct a soil test in the fall for nutrients & heavy metals	Increase awareness of diabetes and the benefit of consuming fresh vegetables.
Anywhere AME Church  Assistance of DHEC Health Educator	Develop a walking trail on the grounds of Anywhere AME Church with weekly planned walks after Wednesday noon Bible study	Walking trail will be established by June 2012.  Weekly planned walks will be attended by at least 10 people each week.	<ul style="list-style-type: none"> <li>•Walking trail established</li> <li>•# of signed in walkers each week</li> <li>•Log of each walk</li> </ul>	Increased opportunities for healthy living in your community

## ACTION PLAN WORKSHEET 2011 – 2012

**GOAL:**

**OBJECTIVE:**

RESOURCES  \$\$, people, space, partners	Activities	Short Term Outcome  WHAT will this activity result in? HOW MUCH: number or percentage of people this outcome is targeted to impact.	Evaluation  Knowledge and skill/behavior change measured by testing or observation	IMPACT OPTIONS  Increase awareness of diabetes prevention/management  Increased opportunities for healthy living in your community

## ACTION PLAN WORKSHEET 2011 – 2012

RESOURCES	Activities	Short Term Outcome	Evaluation	IMPACT OPTIONS
<b>\$\$, people, space, partners</b>		<b>WHAT</b> will be the result of this activity?  <b>HOW MUCH:</b> number or percentage of people this outcome is targeted to impact.	<b>Knowledge and skill/behavior measured by testing</b>	<b>Increase awareness of diabetes prevention/management</b>  <b>Increased opportunities for healthy living in your community</b>

## Letter of Support Example

April 1, 2011

Moody's Diabetes Coalition  
1234 Diabetes Avenue  
Columbia, SC 29229

To: SC Diabetes Prevention and Control Program

Shoreline Behavioral Health Services supports the local Diabetes Coalition's efforts to increase awareness and preventive measures to reduce the occurrence of diabetes among the residents of Richland County. Shoreline Behavioral Health Services (SBHS) is a 501 (c) 3 organization and serves as the county authority for Alcohol and other Drugs of Abuse Services. Shoreline is an advocate and actively works on Prevention. Our prevention efforts include alcohol, tobacco, and HIV / AIDS and we promote healthy lifestyles for all individuals. Collaboration with the Diabetes Coalition will further expand the preventive measures, which our agency currently promotes.

Jessie Brown (Coordinator of Prevention Services) will serve as SBHS point of contact to coordinate services and involvement with the Diabetes coalition for the efforts of the "What You Need to Know about Diabetes - Part 1." SBHS has the intention of utilizing our resources to provide education on the impact of alcohol and drugs in the contribution of the development of diabetes as apart of the "Diabetes Education Moving Across Richland County Program".

Respectfully Submitted,

Michelle Moody  
Executive Director

Jessie Brown  
Prevention Coordinator

### **III. SPECIAL CONDITIONS**

- A. State employees who bid on DHEC contracts for profit must:
1. Have a Federal Identification Number (FEIN) in their bid response.
  2. Include a copy of the "Request for Approval of Outside Employment Request Form" signed by their supervisor in case they are the low bidder and are awarded the contract or provide a copy within five days from written or verbal request.
  3. The employee MUST NOT be involved in the procurement process in any way and the employee MUST NOT have access to confidential information regarding the contract that is not available to all vendors bidding on the contract. Additionally, the employee MUST NOT use DHEC resources to prepare the bid or in the performance of the contract unless it is authorized as part of the contract.
- B. Records with respect to all matters covered by this Contract shall be retained by the Contractor for 6 years after the end of the Contract period, and shall be available for audit and inspection at any time such audit is deemed necessary by DHEC. If audit has begun but is not completed at the end of the 6-year period, or if audit findings have not been resolved at the end of the 6-year period, the records shall be retained until resolution of the audit findings.
- C. No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this contract on the grounds of race, age, health status, handicap, color, sex, religion or national origin. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.
- D. Each of the parties agrees to maintain professional, malpractice and general liability insurance, and may be required to provide the other with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its respective employees.
- E. The subrecipient's travel expenses, including room and board, incurred in connection with the services described in the Scope of Services will be limited to reimbursement at the standard State rate in effect during the period of this agreement and will be included within the maximum amount of the contract.

The State standard rate for hotels will be at the established federal Government Services Administration rate or below for the area of travel. These rates can be found at <http://www.gsa.gov>

The subrecipient must submit lodging receipts showing a zero balance when seeking reimbursement. Prior to submitting any invoices for contractual reimbursements of out-of-state travel, subrecipient must submit a written request for approval of out-of-state travel and receive written approval of out-of-state travel. The request for approval must include a breakdown of all proposed travel expenses including, but not limited to, airfare, registration, and lodging and an explanation of how the travel is related to the activities described in the Scope of Services.

(Note: If travel will be paid under the contract, the agency can provide a letter to the contractor



stating that the subrecipient is performing work on behalf of SCDHEC under Contract No. \_\_\_\_\_ and the subrecipient is eligible and authorized to receive government rates or discounts as provided to state employees. However, this letter does not guarantee that the hotel/motel will honor the government rate.)

(Note: If a contractor or subgrantee objects to the GSA or other reimbursement rate and claims that other cost principles for travel reimbursement should apply under the federal requirements or that another exception is applicable, the COS Office and legal can review and negotiate these requests on a case-by-case basis.)

- F. Title to any equipment, goods, software, or database whose acquisition cost is borne wholly or in part by this grant shall vest in DHEC upon acquisition.
- G. All services listed within this grant are to be completed. In the event that all services are not fully rendered as provided for in the grant, any monies that have been paid by DHEC under the Contract must be refunded to DHEC along with a 12% penalty. Penalty does not apply to contracts between state agencies.
- H. By accepting this award, the subrecipient certifies that it:
  - 1. Has neither used nor will use any appropriated funds for payments to lobbyists;
  - 2. Will disclose the name, address, payment detail and purpose of any agreement with a lobbyist whom Contractor or its subtier contractor(s) or subgrantee(s) will pay with profits or non-appropriated funds on or after 12/22/89; and
  - 3. Will file quarterly updates about the use of lobbyists if material changes occur in their use.
- I. Confidentiality:
  - 1. The subrecipient agrees to abide by DHEC's Confidentiality Policy, which states that all information about personal facts and circumstances of DHEC employees, clients, or members of the public is confidential and will not be disclosed without written authorization of the individual to which it pertains unless disclosure is required by law, or otherwise required in accordance with this agreement and released to the subrecipient after DHEC Office of General Counsel review. If confidential information is disclosed pursuant to a properly completed authorization, documentation of the disclosure and a copy of the authorization must be maintained and made available for DHEC inspection and audit. In addition, confidential agency information and action shall not be disclosed unless DHEC authorizes the disclosure in writing, or the disclosure is required by law.
  - 2. The types of information that generally must be kept confidential include, but are not limited to, personal information about job applicants, DHEC employees, DHEC clients or members of the public, such as names, social security numbers, addresses, telephone numbers, medical or disability information, financial status and information, account or identification numbers issued by government agencies or private financial institutions, other identifying information, or confidential business information.
  - 3. The Family Privacy Protection Act may place additional restrictions on the collection and disclosure of personal information. Information that is otherwise available to the public under the Freedom of Information Act may be released in accordance with State law.
  - 4. Protected Health Information about DHEC clients generally cannot be disclosed without

proper authorization by the client or his/her parent or legal guardian, or pursuant to a specific exception under the Health Insurance Portability and Accountability Act (45 CFR Parts 160 and 164).

5. The subrecipient and the subrecipient's employees/agents may be required to sign DHEC's Confidentiality Agreement (DHEC Form #0321), a copy of which is attached hereto. Alternatively, if the Contractor desires to rely upon an existing Confidentiality Agreement signed by its employees/agents, a copy of the Confidentiality Agreement must first be provided to the DHEC Contract Officer for evaluation, and the Contracting Party must provide written verification that all employees/agents who may have access to DHEC confidential information in the course of performing this agreement have executed the Confidentiality Agreement. The Contractor must ensure that confidential information released to the Contractor's employees/agents is limited to the information minimally necessary in order to meet its obligations under this agreement.
6. Unauthorized disclosure of confidential information may result in termination of this agreement and may be grounds for fines, penalties, imprisonment, injunctive action, civil suit, or debarment from doing business with the State. The Contractor must immediately notify the Region Health Director and DHEC HIPAA Privacy Officer of any unauthorized disclosure of a DHEC client's protected health information, which occurs in the course of performing this agreement. Unauthorized disclosure of other types of confidential information not consisting of protected health information must be immediately reported to the DHEC Contract Officer, 2600 Bull Street, Columbia, S.C. 29201.

J. Subrecipient:

1. Contractors (subrecipients), except for-profit entities, whose fiscal year ends after December 31, 2003, shall have a single or program-specific audit conducted for that fiscal year if they expend \$500,000 or more in Federal awards from all sources during their fiscal year in accordance with the provisions of Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, dated June 27, 2003.
2. The Audit shall be completed and submitted within the earlier of 30 days after receipt of the auditor's reports(s), or nine months after the end of the audit period. The Contractor (Subrecipient) agrees to send one copy of any audit conducted under the provisions of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, dated June 27, 2003, if applicable, to: **SC DHEC, Office of Internal Audits, 2600 Bull Street, Columbia, SC, 29201.**
3. Entities that are audited as part of the State of South Carolina Statewide Single Audit are not required to furnish a copy of that audit report to DHEC's Office of Internal Audits.
4. Non-Federal entities that expend less than \$500,000 a year in total Federal awards, from all sources, are exempt from the Federal audit requirements of OMB Circular A-133 for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and General Accounting Office (GAO).
5. A Contractor (Subrecipient) is prohibited from charging the cost of an audit to Federal Awards if the contractor expended less than \$500,000 from all sources of federal funding in the contractor's fiscal year. If the contractor expends less than \$500,000 in federal funding from all sources in the contractor's fiscal year, but obtains an audit paid for by non-federal

funding, then DHEC requests a copy of that audit to be sent to: **SC DHEC, Bureau of Community Health and Chronic Disease Prevention, Division of Diabetes Prevention, 1800 St. Julian Place, Columbia, SC 29204.**

6. As a Subrecipient, if you utilize an indirect cost rate, you must provide:

a. A copy of the approved indirect cost rate letter from your federal cognizant agency.

**OR**

b. Direct cost rate reviewed and approved by an external auditor in accordance with GAAP. Otherwise, only direct charges will be allowed under the terms and conditions of this contract.

- K. Subrecipientø who are not required to obtain a single or program specific audit may be required to obtain limited scope audits if the quarterly compliance reports, site visits and other information obtained by the department raise reasonable concern regarding compliance with contract conditions. Such engagements may not be paid for by DHEC pass through funds.
- L. Any funds paid by DHEC and not used for completion of services in accordance with this grant shall be returned to DHEC.
- M. The parties agree that during the term of this grant, each party shall maintain its respective federal and state licenses, certifications, and accreditations required for the provision of services herein. The subrecipient will immediately notify DHEC if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, or accreditation of subrecipient.
- N. Prior to participating in any DHEC clinical activity or rendering any service to DHEC under this Agreement, the Contracting Party and employee/agents of the Contracting Party will be educated and trained regarding the Health Insurance Portability and Accountability Act of 1996 and related Regulations pertaining to the privacy and security of protected health information (the HIPAA Privacy Rule). The Contracting Party will provide documentation of successful completion of this training to the Contract Officer prior to initiating performance of this Agreement. If this training has not been conducted, or documentation of training has not been provided, the Contracting Party and its employees/agents will be required to view DHECø HIPAA training video(s) and receive necessary instruction on the DHEC forms referenced in the training prior to initiating performance of this Agreement
- O. 11-35-410, Public Access to Procurement Information, (A) Procurement information must be a public record to the extent required by Chapter 4 of Title 30 (The Freedom of Information Act) with the exception that commercial or financial information obtained in response to a request for proposals or any type of bid solicitation that is privileged and confidential need not be disclosed. (B) Privileged and confidential information is information in specific detail not customarily released to the general public, the release of which might cause harm to the competitive position of the party supplying the information. Examples of this type of information include: (1) customer lists; (2) design recommendations and identification of prospective problem areas under an RFP; (3) design concepts, including methods and procedures; (4) biographical data on key employees of the bidder. (C) For all documents submitted in response or with regard to a solicitation or other request, the documents need not be disclosed if an award is not made. ***(D) Evaluative documents pre-decisional in nature such as inter-agency or intra-agency memoranda containing technical adopt or incorporate the inter-agency or intra-agency memoranda reflecting the pre-decisional***

***deliberations. (E) For all documents submitted in response or with regard to any solicitation or other request, the person submitting the documents shall comply with instructions provided in the solicitation for marking information exempt from public disclosure. Information not marked as required by the applicable instructions may be disclosed to the public.***

**History: Amended by 1997 Act No. 153 § 1, eff June 13, 1997; 2006 Act No. 376 § 9, eff June 13, 2006.**

Effect of Amendment: The 1997 amendment, in the first paragraph, inserted "or any type of bid solicitation"; made the former second sentence of clause (4) of the second paragraph into the third paragraph; and added the fourth paragraph. The 2006 amendment designated the existing text as subsections (A), (B), (D), and (E); added subsection (C); and rewrote subsection (E) which formerly was limited to information identified as a trade secret.

- P. Subrecipient must agree to make positive efforts to use small and minority owned businesses and individuals. DHEC Form 128 is for use in providing this information.
- Q. None of the work or services covered by this grant shall be subcontracted without the prior written approval of DHEC.
- R. Any change to this grant is considered an amendment to the grant, which must be mutually agreed to and executed in the same manner as the grant.
- S. Termination Clauses:
  - 1. Subject to the provisions contained below, this Contract may be terminated by either party providing written notice of that intent to the other party thirty (30) days in advance.
  - 2. Funds for this Contract are payable from State and/or Federal and/or other appropriations. In the event sufficient appropriations are not made to pay the charges under this Contract, it shall terminate without any further obligation by DHEC.
  - 3. DHEC may terminate this Contract for cause, default or negligence on the part of the Contractor at any time without thirty days advance written notice.
- T. The subrecipient certifies that it will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of this contract.
- U. Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services pursuant to this contract.
- V. The Agreement, any dispute, claim, or controversy relating to the agreement and all the rights and obligations of the parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South Carolina except its choice of law rules. All disputes, claims or controversies relating to the Agreement shall be resolved in accordance with the South Carolina Procurement Code, Section 11-35-10, et. seq., or in the absence of jurisdiction, only in the Court of Common Pleas for, or a federal court located in Richland County, South Carolina.
- W. Subrecipient certifies that they have not been debarred or suspended under OMB Circular A-133

Compliance Supplement or otherwise from doing business with any governmental entity.

X. PREVENTING AND REPORTING FRAUD, WASTE AND ABUSE

SCDHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid.

No agency employee, agent, or contractor shall direct, participate in, approve, or tolerate any violation of federal or state laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act includes "whistleblower" remedies for employees who are retaliated against in their employment for reporting violations of the Act. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and state laws prohibiting false claims and SCDHEC's policies and procedures regarding false claims may be obtained from the agency's Contract Officer or Bureau of Business Management.

Any employee, agent, or contractor of SCDHEC who submits a false claim in violation of federal or state laws will be reported to appropriate authorities.

If the Contractor, Contractor's agents or employees have reason to suspect FWA in agency programs, this information should be reported in confidence to the agency. A report may be made by writing to the Office of Internal Audits, SCDHEC, 2600 Bull Street, Columbia, South Carolina 29201; or by calling the Agency Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. The Contractor is required to inform Contractor's employees of the existence of DHEC's policy prohibiting FWA and the procedures for reporting FWA to the agency.

Y. DHEC shall have sole ownership and copyright for any tangible product (report, survey, film, etc.) developed under this contract.

Z. The provisions of the grant are contingent upon any possible revision of State or Federal regulations and requirements governing the grant listed in the Compensation Section of the grant.

#### IV. ADDENDUM I

##### **DHEC ADMINISTRATIVE POLICY MANUAL COMMISSIONER'S OFFICE**

**Subject:** Employees Acting on Behalf of Coalitions, Consortiums, and Associations

**Laws/Regulations:** Generally, the South Carolina Ethics, Government Accountability, and Campaign Reform Act, S.C. Code Ann . 8-13-100 et seq.

**Policy Statement:** Certain employees, in the course of performing their job responsibilities at DHEC, assist community-based coalitions, consortiums, or associations in public health or environmental matters of importance to the State. The purpose of this policy is to provide guidance for those employees who, in the course of their employment, serve as directors or officers of these entities, sign contracts on behalf of these entities, or participate in handling funds on behalf of these entities. **A DHEC employee acting on behalf of a coalition, consortium, or association, should not undertake the following activities: (1) sign a contract with DHEC; (2) handle funds provided pursuant to a grant or contract from DHEC; or (3) submit invoices to DHEC for payment.** This statement is in regards to DHEC funds only.

**Procedures:** Agency employees working with these entities should be cautious about placing themselves in, or being placed in, potential conflict of interest situations relative to contractual relations and the handling of money while serving with these entities as part of their DHEC job responsibilities.

If the DHEC employee must travel as part of the employee's work for the entity, travel requests for reimbursement must be coordinated and approved by the employee's DHEC supervisor. If travel reimbursement is to be paid by the entity rather than by DHEC, then no reimbursement request shall be submitted to DHEC. The employee's DHEC supervisor should be provided a copy of the travel request paid by the entity if this travel was conducted as part of the employee's DHEC job responsibilities.

If questions arise about the propriety of a DHEC employee signing a contract on behalf of an entity with a grantor other than DHEC, or participating in handling funds on behalf of the entity received from a source other than DHEC, the Deputy Commissioner should contact the Office of the Chief of Staff (COS) or the Office of General Counsel for assistance. Under special circumstances, alternate arrangements can be made by the COS. A written request with documentation must be submitted to the Office of the COS by the Deputy Commissioner for approval prior to taking such actions. If assistance is needed on any contract, notify the Agency Contract Officer, the Bureau of Business Management, or the Office of General Counsel.

## V. ADDENDUM II

### Subject: Meals

Meals are to be claimed at the actual expense not to exceed the State allowance.

#### 1. Rules:

- A. Meals are allowed if the employee is on overnight travel status. They must be 50 miles from their assigned headquarters and residence in order to qualify for lodging expenses.
- B. One day travel meals may be claimed for the supper meal only. The employee must leave headquarters prior to 5:15pm and return after 10:00pm.
- C. One day travel meals that do not meet the above requirements and are not included in a registration fee (at no option) may be reimbursed **ONLY** with the Commissioner's approval. The employee must depart prior to 11:00am and must arrive back after 1:30pm to be eligible for one day travel meals regardless of the Commissioner's approval.
- D. Meals provided at a 75% statewide meeting may be reimbursed at the full cost, provided the employee has the permission of the Commissioner and has a paid receipt for the cost of the meal.
- E. Departure times from and arrival times to headquarters must be listed in order for meals to be claimed. Only the departure time for the day the trip begins and the arrival time for the day the trip ends need to be listed.
- F. If a free continental breakfast is included in the hotel rate, the employee should only claim breakfast **if they paid for it separately out of their own pocket**. The claim will be restricted to the same rates as any other applicable breakfast reimbursement.
- G. If a meal is included in a direct bill registration fee or lodging fee, the employee should not claim additional reimbursement unless the employee is unable to eat the included meal and pays for a substitute meal out-of-pocket. The claim will be restricted to the same rates as any other meal reimbursement.

#### 2. Allowable Amounts for Reimbursement:

- A. Amounts based on Departure Times are:
  - ÉBefore 6:30am:  
\$25.00 In-State and \$32.00 Out-of-State
  - ÉAfter 6:30am and before 11:00am:  
\$19.00 In-State and \$25.00 Out-of-State.
  - ÉAfter 11:00am and before 5:15pm  
\$12.00 In-State and \$16.00 Out-of-State.
- B. Amounts based on Arrival Time are:
  - É\$6.00 In-State and \$7.00 Out-of-State \*
  - ÉAfter 1:30pm:  
\$13.00 In-State and \$16.00 Out-of-State
  - ÉAfter 8:30pm:  
\$25.00 In-State and \$32.00 Out-of-State

\* The time limitation for breakfast will not apply for overnight trips when returning early in the morning.

## **In-State Meal Allowance Breakdown    Out-of-State Meal Allowance Breakdown**

\$ 6.00 Breakfast	\$ 7.00 Breakfast
\$ 7.00 Lunch	\$ 9.00 Lunch
\$12.00 Dinner	\$16.00 Dinner
<hr/>	
\$25.00 maximum	\$32.00 maximum

*Note: Any meal claimed for a one day trip (with the exception of non-optional meals included in registration fees) are subject to income tax and the employee will receive a supplemental W-2 at the end of the calendar year.*

**In no case should any meal claimed exceed the maximum standard meal allowance for a particular type meal being claimed (i.e. breakfast, lunch, or dinner) using the in-state or out-of-state allowance for that meal, whichever applies.**

### 3. Meals Provided by Airlines:

- A. Meals provided by airlines cannot be claimed.
- B. If an employee chooses not to eat on the airline, regular rules apply, and however, you will need a statement on the travel form stating that the employee did not eat the meal on the flight.

### **Subject: Lodging**

When making reservations for hotel stays, the employee traveling or staff making the reservation should conduct business as a prudent person would exercise if traveling on personal business and secure the most cost efficient room, taking advantage of any cost savings that may be available at the time of travel. Effective July 1, 2006, State Policy and Procedures also require each employee to meet published GSA rates for maximum allowed lodging rates when traveling. The published GSA rates can be found on the following website: <http://www.gsa.gov>.

If the employee is not able to secure lodging at or below the applicable GSA rate, the employee will be personally responsible for amount over the state GSA rate. In certain circumstances, the Commissioner may grant a wavier for the amount over the GSA rate. To be considered for a wavier, the employee should submit a memo request to the Division Director, Accounts Payable and Records, Bureau of Financial Management. The memo should contain with the following information:

- a. Hotel name
- b. Location of hotel
- c. Dates of travel
- d. Daily rate requested
- e. Applicable Standard GSA rate
- f. Reason why the GSA rate is not being met and why the employee feels a waiver should be granted.
- g. Signatures from appropriate personnel in the Region/Program Area per Area policy. (i.e. supervisor, Regional Administrator, Program Area Director, etc.)

### 1. Rules:

- A. You must have the original motel receipt with a zero balance.
- B. You must show one person in the room or state the person's name who shared the room with you.
  - ÉIf shared with another state employee, list their name on folio. Employees may only claim their share of the expense.



ÉIf shared with a non-state employee, reimbursement is allowed for the single room rate amount unless the rate is the same for a single as it is for a double. (**A statement to this effect must be on the travel form.**)

- C. Employees are entitled to one personal phone call per day and all business calls. Calls need to be noted as such on the bill.
- D. Employees are entitled to parking fees charged by hotels. These are claimed separately under Misc. Travel Expense. A copy of the receipt for parking charges paid must be submitted with your travel claim.

**Note:**

Employees and managers should reference the Budget and Control Board's SC Directory of Hotel/Motel/Discounts for Government Employees for in-state travel for lodging information:

<http://www.state.sc.us/mmo/ops/hotmo6.doc>

If this directory does not have a listing for the in-state location, other free travel websites such as [expedia.com](http://expedia.com), [Travelocity.com](http://Travelocity.com), and [Orbitz.com](http://Orbitz.com) should be utilized to ensure reasonable rates. Sharing of rooms is encouraged when possible to share expenses.

The employee's personal security and safety should be taken into account in choosing an acceptable hotel.

**Subject: Airline Transportation**

When making reservations for airline tickets, the employee traveling or staff making the reservation should conduct business as a prudent person would exercise if traveling on personal business and secure the most cost efficient flight, taking advantage of any cost savings that may be available at the time of travel. In accordance to State policy, "State agencies and employees shall select air carriers based on cost and time criteria, not on whether frequent flyer premiums are given.

1. Airline transportation includes the following forms of transportation:

- ÉTaxis
- ÉSubway Systems
- ÉAirport Shuttles
- ÉMetros
- ÉRental Cars

2. A receipt is not required unless it is a major transportation such as a Railroad, Long Distance Bus, or Rental Cars.
3. The type of transportation must be stated on the travel form.

Free travel websites such as [Expedia.com](http://Expedia.com), [Travelocity.com](http://Travelocity.com), and [Orbitz.com](http://Orbitz.com) should be utilized to ensure reasonable rates. In addition, if the office normally uses a travel agency to book flights, a quote should be obtained from them listing the booking fees and taxes for the same travel dates so comparison may be made.

Employees should take advantage of discounts and special offers (i.e. discounts for Saturday night stays) when possible if the discount results in an overall savings on the trip.

**Subject: Miscellaneous Travel Expense**

Miscellaneous travel expenses include (but are not exclusive to) the following:

ÉPhone Calls

ÉParking Fees

ÉPortage

ÉMaps, supplies, faxes or anything not defined in other categories. Use the account code shown in the Chart of Accounts for these items.

ÉHotel Safe fees. This is allowed only if the safe is used to safeguard items belonging to DHEC or items used to conduct DHEC business.

(Note: Receipts are required with the exception of portage.

**(Tips are not eligible for reimbursement)**

**Subject: Registration Fees**

1. Rules:

A. Must have a paid receipt

B. Must have a copy of the agenda that shows the cost of the meeting, the fees it includes, payee name and address, etc.

2. Meals Included in Fee:

A. Reimbursable amount of meal (State Allowance) included in the cost must be subtracted from the registration fee and listed in the meals column.

B. Departure and Arrival times must be listed.

## VI. Appendix I – Community Group/Coalition Resources

- **American Diabetes Association (ADA)** The American Diabetes Association is leading the fight against the deadly consequences of diabetes and fighting for those affected by diabetes. The Association funds research to prevent, cure, and manage diabetes; delivers services to hundreds of communities; provides objective and credible information; and gives voice to those denied their rights because of diabetes. Founded in 1940, our mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. For more information please call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit [www.diabetes.org](http://www.diabetes.org). Information from both these sources is available in English and Spanish.

**Annual Statewide Community Partners Meeting** This meeting is held annually in conjunction with the Fall Diabetes Symposium for Primary Health Professionals in Charleston, SC. This meeting is designed to offer training on developing local community program activities and updated information on diabetes and related risk factors. At previous meetings, funded groups from across the state have developed posters to display their best practices and lessons learned. The next meeting will be Thursday, September 15-16, 2011 at the Embassy Suites Convention Center in Charleston, SC. For more information contact Michelle Moody at 803-545-4473 or email [moodyrm@dhec.sc.gov](mailto:moodyrm@dhec.sc.gov).

- **CDC's Framework for Program Evaluation in Public Health MMWR 1999; 48(No. RR-11).** Available at <http://www.cdc.gov/eval/framework.htm>.
- **Choose to Live A Heart to Heart Discussion**, the workshop, is available in both community based and faith based settings. The primary audience for this workshop is African American women between 35-55 years of age who have diabetes or who are at risk for developing the disease. The workshop is designed to increase the understanding of the link between diabetes and heart disease, identify one's personal risk factors for a heart attack or stroke, and motivate at-risk persons to see their doctor. Visit [www.diabetes.org](http://www.diabetes.org).

**Diabetes 101** is a one hour presentation for the lay community to increase awareness on how to prevent pre-diabetes/diabetes. It also increases the awareness of the importance of self-care when you are at risk for or have diabetes. There is a "train the presenter" component to the curriculum for people who have an interest in being trained as a presenter to take this life saving information to their family, friends, and communities. The train the presenter portion of the curriculum is a three-hours training. For more information contact Barbara Wright-Downs at 803-545-4475 or email [downsbw@dhec.sc.gov](mailto:downsbw@dhec.sc.gov).

- **Diabetes Sunday Program** emphasizes the seriousness of diabetes and heightens awareness about the signs and symptoms of the disease. The African American Program's goal is to increase awareness about the seriousness of diabetes in the community and importance of early diagnosis and treatment. The program includes fun and informative church and community-based activities. Partner with the local/state level branch of the American Diabetes Association and local churches to host a Diabetes Sunday Program. Visit: <http://www.diabetes.org>.

**Developing and using a Logic Model** -A logic model is a pictorial diagram that shows the relationship of inputs, activities, impact and outcomes. It is clearly related to the work plan's SMART objectives and the activities planned. Available

at [http://www.cdc.gov/dhdsp/state\\_program/evaluation\\_guides/logic\\_model.htm](http://www.cdc.gov/dhdsp/state_program/evaluation_guides/logic_model.htm)

**Developing an Evaluation Plan** An evaluation plan is integrally related to the specific SMART objectives and logic model of your proposal. An evaluation plan reflects priority objectives and how they will be monitored and evaluated. It describes how data will be collected and managed. Available at [http://www.cdc.gov/dhdsp/state\\_program/evaluation\\_guides/evaluation\\_plan.htm](http://www.cdc.gov/dhdsp/state_program/evaluation_guides/evaluation_plan.htm)

**Evidence based Interventions- Guide to Community Preventive Services** (Community Guide) found at <http://www.thecommunityguide.org/>

**Family Eat Smart Move More Options for Action (OFA)** is a web-based tool designed to provide guidance for implementation of obesity prevention programs and strategies in specific settings. Visit: <http://www.eatsmartmovemore.org/pdfs/aboutesmm.doc>.

**National Diabetes Education Program (NDEP)** The goal of the program is to reduce the illness and deaths associated with diabetes and its complications through the use of media. The NDEP is a federally sponsored initiative that involves public and private partners to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and to prevent the onset of diabetes. Get online access to all of the NDEP's campaign tools, including Public Service Announcements (PSAs), fact sheets, press releases, and feature articles that you can customize, distribute, and promote in your local market. Visit: <http://ndep.nih.gov>.

**Project Power** is a faith-based program targeting the African American community. We developed Project POWER provide churches with a foundation for integrating diabetes awareness messages and healthy living tips into the life of the family and church. It engages the church in a variety of year-round activities that provide lessons which improve the health of those church members living with diabetes, their families and the greater community as well. Project POWER offers six educational workshops. Each workshop is facilitated by a Project POWER Ambassador who is trained by Association staff and provided with a complete implementation guide. Each workshop is approximately 1 ½ hours in length and comes with all participant materials and giveaways. On average, Project POWER modules train 25 participants per module, and participants are encouraged to attend all six modules over a one-year period. Project POWER Ambassadors may host each module multiple times throughout the year to allow all church membership an opportunity to participate. <http://www.diabetes.org/in-my-community/programs/african-american-programs/project-power.html>

**Power to Prevent: a Family Lifestyle Approach to Diabetes Prevention Curriculum** This is a Center for Disease Control and Prevention approved curriculum designed to encourage African Americans at increased risk for type 2 diabetes to become more physically active and to eat more

healthful foods as a way to prevent or delay the disease. People with diabetes can also benefit from the program by learning skills that will help them control their blood glucose (sugar) levels. The curriculum presented in this manual is made up of multiple sessions that can help informal groups and organizations plan, promote, start up, conduct, and evaluate activities that help individuals and families make good nutrition and physical activity part of their daily lives. Included in the manual are health tips, resources, and suggestions for activities that are simple and fun for just one person or for the whole family. Visit: [http://www.cdc.gov/diabetes/NDEP/power\\_to\\_prevent.htm](http://www.cdc.gov/diabetes/NDEP/power_to_prevent.htm).

**Road to Health Toolkit** A Center for Disease Control and Prevention and the National Diabetes Education Program approved curriculum that was designed to provide community workers, nurses, health educators, dietitians, and others working with populations at risk for diabetes with interactive tools that can be used to counsel and motivate people at risk for type 2 diabetes. The toolkit provides information to reduce risks by healthy eating, increased physical activity and moderate weight loss for overweight individuals. Visit: [http://www.cdc.gov/diabetes/NDEP/CE\\_RoadtoHealth.htm](http://www.cdc.gov/diabetes/NDEP/CE_RoadtoHealth.htm).

- **Search Your Heart Curriculum** is a community-based educational program/tool to reach high-risk audiences. Search Your Heart delivers knowledge and action steps to encourage people to act upon this knowledge and reduce their risk for heart disease and stroke. Over 15,000 churches across the country have participated in the program and it has reached over 1.5 million at-risk participants. By empowering these individuals with information, the program shows how to take necessary steps to reduce the risk of heart disease and stroke, including making healthy lifestyle changes and developing heart-healthy habits. Visit: <http://www.americanheart.org/presenter.jhtml?identifier=3041580>.
- **US Preventative Services Task Force (USPSTF) Guidelines** available at <http://www.ahrq.gov/clinic/USpstfix.htm>
- **Writing SMART Objectives** – Effective objectives are specific, measurable, achievable, relevant and time-bound. Available at [http://www.cdc.gov/dhdsp/state\\_program/evaluation\\_guides/smart\\_objectives.htm](http://www.cdc.gov/dhdsp/state_program/evaluation_guides/smart_objectives.htm)

## VII. APPENDIX II

### Definitions

- **Community-based Intervention** ó An intervention conducted within and by members of a particular community (e.g., grassroots efforts, efforts by a local civic group). Community-based interventions can be done in conjunction with an outside group (e.g., nonprofit organization, research group).  
**Evidence-Based Approaches** -- Approaches supported by research findings and/or demonstrated as being effective through a critical examination of current and past practices or approaches.
- **Environmental Interventions** ó Measures that alter or control the physical or social environment. They may address availability, accessibility, or social norms. Examples of environmental interventions include enhancing the food supply to make low-fat milk more readily available or opening shopping malls before business hours to promote physical activity. Examples of social environmental interventions include normative changes in attitudes and behaviors such as passengers using seat belts or asking permission to smoke.
- **Health Disparities** ó Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States, arising as a consequence of health inequities that are systemic, avoidable, unfair, and unjust. These health inequities include associated differences in health status and mortality rates, and in the distribution of disease and illness across population groups that are sustained over time and generations, and are beyond the control of individuals.<sup>3</sup> Examples of interventions that impact health disparities include targeting limited resources toward communities with the greatest disease burden or risk, and using culturally relevant materials/approaches to design appropriate interventions in those communities.
- **Health Equity** ó The fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing.
- **Social (community or societal/population) Interventions** ó Traditionally, education and skill development programs for high risk individuals in communities aimed at encouraging changes in individual behavior to promote prevention and/or better management of chronic health conditions. Behavioral interventions focused on high-risk individuals often have short term success, but also often dissipate over time. As the population perspective has evolved, there is a growing recognition of the pervasive control that environment has on behavior. Broadening social interventions to include supportive environmental changes may 1) make it easier for individuals to achieve and maintain behavior changes, and 2) assure the optimal use of limited public health dollars by reducing the mean level of risk for the target population.
- **Policy and System Changes** ó The policy change involves a continuum of activities that includes identification of issues, formulation of policy proposals to address with those issues, advocacy to support adoption of proposed policies, creation of rules and regulations to apply policies, and monitoring and evaluation to assess impact of policies and subsequent recommendations for change related to diabetes and health disparities. A system change is the process of structured improves across several different entities to improve health and decrease disparities. Also, it is essential that those who are impacted by the policies and systems changes to involved in the processes that shape the design and implementation of those policies and systems.
- **Project Coordinator** - May coordinate, monitor, or supervise the activities of subordinates. Also coordinates activities and functions of the community group to ensure that goals and objectives

specified for the program are accomplished in accordance with established priorities, time limitations, funding limitations or other specifications. Other duties may include but are not limited to:

- Develops and recommends new or revised program goals and objectives.
- Develops and schedules program work plan in accordance with specifications and funding limitations; oversees daily operations and coordinates activities of program; determines priorities.
- Monitors and approves program expenditures ensuring that budget allocations are spent in a timely matter and is not overspent.
- Prepares or assists in preparation of proposal for funding and/or funding continuation from outside sponsors.
- Confers with community group membership to provide technical advice, problem solving assistance, answers to questions and program goals and policy interpretation
- Prepares periodic reports, financial statements and records on program activities, progress, status or other special reports for management or outside agencies.
- Evaluates program effectiveness to develop improved method
- Reviews applications or other program documents independently or in conjunction with community group to determine acceptance or make decisions pertaining to program.
- Recruits program participants, members and volunteers utilizing most appropriate promotional or marketing methods, such as individual letters, brochures or presentations at meetings.
- Develops, compiles and writes communications and promotional literature for distribution such as newsletters, success story, brochures or flyers; coordinates process from development through printing and distribution.
- Develops and facilitates workshops, meetings or conferences; coordinates logistics, scheduling and participant communications.
- Interacts and maintains liaison with SC DCHEC DPCP staff in facilitating program objectives.

**Social Determinants of Health** ó Specific features of and pathways by which societal conditions affect health. Social determinants can potentially be altered by informed action. Examples include income, education, occupation, family structure, service availability, sanitation, exposure to hazards, social support, racial discrimination, and access to resources linked to health.

## **VIII.      APPENDIX III      Examples of Interventions**

Examples of intervention strategies addressing social determinants of health that can be implemented:

- Establishing a set of community-defined social and health indicators. Tracking indicators of social determinants such as income along with traditional health indicators;
- Informing policy makers of the evidence that exists linking social conditions and health;
- Developing materials to educate the public about the importance of addressing the social determinants of health;
- Learning to use alternative methods such as photo voice and qualitative data to define problems and document change; and
- Broadening skill sets needed to communicate adequately with a wide range of subgroups experiencing health disparities and health inequities, and empowering these groups to advocate for change in their communities.

Examples of Social Environmental, Policy and Systems Approaches that can be implemented at the State and Community Level:

1. Collaborate with partners and other state chronic disease programs to build community capacity to offer self-management, support, or intervention programs and services (such as those described earlier in this section) for people with or at risk for diabetes. Emphasis should be placed on the communities, sectors, or populations with significant burden/risk.
2. Collaborate with partners and other state chronic disease programs to influence advocacy efforts to improve legislation/policy that will positively impact people with or at risk for diabetes (e.g., advocacy efforts pertaining to increased access to physical activity and lifestyle modification programs, adequate coverage for diabetes education, increased access to health insurance coverage, etc.
3. Collaborate with partners and other state chronic disease programs to influence environmental changes that will positively impact communities or populations with significant burden/risk.
4. Investigate and obtain access to alternative data sources that provide information on factors such as social determinants of health. Communicate data to inform government and organizational policymakers about the burden of diabetes, the impact of evidence-based interventions, and the need for policy and environmental change, particularly as they related to disparate of high risk populations.